

112TH CONGRESS
2D SESSION

S. 1440

AN ACT

To reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Prematurity Research
3 Expansion and Education for Mothers who deliver Infants
4 Early Reauthorization Act” or the “PREEMIE Reauthor-
5 ization Act”.

**6 SEC. 2. RESEARCH AND ACTIVITIES AT THE CENTERS FOR
7 DISEASE CONTROL AND PREVENTION.**

8 (a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the
9 Prematurity Research Expansion and Education for
10 Mothers who deliver Infants Early Act (42 U.S.C. 247b–
11 4f) is amended by striking subsection (b) and inserting
12 the following:

13 “(b) STUDIES AND ACTIVITIES ON PRETERM
14 BIRTH.—

15 “(1) IN GENERAL.—The Secretary of Health
16 and Human Services, acting through the Director of
17 the Centers for Disease Control and Prevention,
18 may, subject to the availability of appropriations—

19 “(A) conduct epidemiological studies on
20 the clinical, biological, social, environmental, ge-
21 netic, and behavioral factors relating to pre-
22 maturity, as appropriate;

23 “(B) conduct activities to improve national
24 data to facilitate tracking the burden of
25 preterm birth; and

1 “(C) continue efforts to prevent preterm
2 birth, including late preterm birth, through the
3 identification of opportunities for prevention
4 and the assessment of the impact of such ef-
5 forts.

6 “(2) REPORT.—Not later than 2 years after the
7 date of enactment of the PREEMIE Reauthorization
8 Act, and every 2 years thereafter, the Secretary
9 of Health and Human Services, acting through the
10 Director of the Centers for Disease Control and Pre-
11 vention, shall submit to the appropriate committees
12 of Congress reports concerning the progress and any
13 results of studies conducted under paragraph (1).”.

14 (b) REAUTHORIZATION.—Section 3(e) of the Pre-
15 maturity Research Expansion and Education for Mothers
16 who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is
17 amended by striking “2011” and inserting “2017”.

18 **SEC. 3. ACTIVITIES AT THE HEALTH RESOURCES AND**
19 **SERVICES ADMINISTRATION.**

20 (a) TELEMEDICINE AND HIGH RISK PREG-
21 NANCIES.—Section 330I(i)(1)(B) of the Public Health
22 Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by
23 striking “or case management services” and inserting
24 “case management services, or prenatal care for high-risk
25 pregnancies”;

1 (b) PUBLIC AND HEALTH CARE PROVIDER EDU-
2 CATION.—Section 399Q of the Public Health Service Act
3 (42 U.S.C. 280g–5) is amended—

4 (1) in subsection (b)—

5 (A) in paragraph (1), by striking subparagraphs (A) through (F) and inserting the fol-
6 lowing:

7 “(A) the core risk factors for preterm
8 labor and delivery;

9 “(B) medically indicated deliveries before
10 full term;

11 “(C) the importance of preconception and
12 prenatal care, including—

13 “(i) smoking cessation;

14 “(ii) weight maintenance and good
15 nutrition, including folic acid;

16 “(iii) the screening for and the treat-
17 ment of infections; and

18 “(iv) stress management;

19 “(D) treatments and outcomes for pre-
20 mature infants, including late preterm infants;

21 “(E) the informational needs of families
22 during the stay of an infant in a neonatal in-
23 tensive care unit; and

1 “(F) utilization of evidence-based strate-
2 gies to prevent birth injuries;”; and

3 (B) by striking paragraph (2) and insert-
4 ing the following:

5 “(2) programs to increase the availability,
6 awareness, and use of pregnancy and post-term in-
7 formation services that provide evidence-based, clin-
8 ical information through counselors, community out-
9 reach efforts, electronic or telephonic communica-
10 tion, or other appropriate means regarding causes
11 associated with prematurity, birth defects, or health
12 risks to a post-term infant;”; and

13 (2) in subsection (c), by striking “2011” and
14 inserting “2017”.

15 **SEC. 4. OTHER ACTIVITIES.**

16 (a) INTERAGENCY COORDINATING COUNCIL ON PRE-
17 MATURITY AND LOW BIRTHWEIGHT.—The Prematurity
18 Research Expansion and Education for Mothers who de-
19 liver Infants Early Act is amended by striking section 5
20 (42 U.S.C. 247b–4g).

21 (b) ADVISORY COMMITTEE ON INFANT MOR-
22 TALITY.—

23 (1) ESTABLISHMENT.—The Secretary of Health
24 and Human Services (referred to in this section as
25 the “Secretary”) may establish an advisory com-

1 mittee known as the “Advisory Committee on Infant
2 Mortality” (referred to in this section as the “Advi-
3 sory Committee”).

4 (2) DUTIES.—The Advisory Committee shall
5 provide advice and recommendations to the Sec-
6 retary concerning the following activities:

7 (A) Programs of the Department of Health
8 and Human Services that are directed at reduc-
9 ing infant mortality and improving the health
10 status of pregnant women and infants.

11 (B) Strategies to coordinate the various
12 Federal programs and activities with State,
13 local, and private programs and efforts that ad-
14 dress factors that affect infant mortality.

15 (C) Implementation of the Healthy Start
16 program under section 330H of the Public
17 Health Service Act (42 U.S.C. 254c–8) and
18 Healthy People 2020 infant mortality objec-
19 tives.

20 (D) Strategies to reduce preterm birth
21 rates through research, programs, and edu-
22 cation.

23 (3) PLAN FOR HHS PRETERM BIRTH ACTIVI-
24 TIES.—Not later than 1 year after the date of enact-
25 ment of this section, the Advisory Committee (or an

1 existing advisory committee designated by the Sec-
2 retary) shall develop a plan for conducting and sup-
3 porting research, education, and programs on
4 preterm birth through the Department of Health
5 and Human Services and shall periodically review
6 and revise the plan, as appropriate. The plan shall—

7 (A) examine research and educational ac-
8 tivities that receive Federal funding in order to
9 enable the plan to provide informed rec-
10 ommendations to reduce preterm birth and ad-
11 dress racial and ethnic disparities in preterm
12 birth rates;

13 (B) identify research gaps and opportuni-
14 ties to implement evidence-based strategies to
15 reduce preterm birth rates among the programs
16 and activities of the Department of Health and
17 Human Services regarding preterm birth, in-
18 cluding opportunities to minimize duplication;
19 and

20 (C) reflect input from a broad range of sci-
21 entists, patients, and advocacy groups, as ap-
22 propriate.

23 (4) MEMBERSHIP.—The Secretary shall ensure
24 that the membership of the Advisory Committee in-
25 cludes the following:

(A) Representatives provided for in the original charter of the Advisory Committee.

(B) A representative of the National Center for Health Statistics.

5 (c) PATIENT SAFETY STUDIES AND REPORT.—

6 (1) IN GENERAL.—The Secretary shall des-
7 ignate an appropriate agency within the Department
8 of Health and Human Services to coordinate exist-
9 ing studies on hospital readmissions of preterm in-
10 fants.

Passed the Senate

Attest:

Secretary.

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